

STATE OF ARKANSAS  
DEPARTMENT OF INSURANCE  
**APPLICATION FOR ADJUSTER'S LICENSE**

**\* MANDATORY FOR EVERYONE TAKING EXAM**

**YOU MUST MARK TYPE OF LINES YOU ARE APPLYING FOR OTHER THAN GENERAL ( BOTH RESIDENT AND NON RESIDENT)**

TYPE OF LICENSE REQUESTED

SCORE (RESIDENT TAKING EXAM) DATE

XX \* GENERAL

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PROPERTY

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## CASUALTY

## WORKERS

## WORKERS COMPENSATION

TO THE INSURANCE COMMISSIONER OF THE STATE OF ARKANSAS:

The undersigned hereby applies for a License to act as an Adjuster and submits the following statements and answers to the questions contained herein:

Social Security No \_\_\_\_\_

1. Full Name Mr. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_ (Last) (First) (Middle)

12. Residence Address \_\_\_\_\_  
 (Street & Number) (City) (County) (State) (Zip)

## 12. Adjusting Firm Name

Business Address \_\_\_\_\_  
(Street & Number) (City) (County) (State) (Zip)

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax # \_\_\_\_\_

4. Are you now, or will you be if granted a license, a full time salaried employee of a licensed adjuster?  
Yes ( ) No ( ) Name of licensed adjuster \_\_\_\_\_ License No \_\_\_\_\_

5. Set out in detail the experience or special education or training you have had as to the handling of loss claims under insurance contracts

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6. Residence last five years: (Note must be completed as to month, day and year.) If more space is needed, attach Supplement.

<u>Date</u>					
From	To	Street	City	State/Zip Code	

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7. Make a complete statement of all employment you have had, or business or occupation in which you have been engaged during the preceding 5 years. **Begin with the most recent employment** Include temporary or part time work. If more space is needed, attach supplement.

<u>Date</u>					
From	To	Name	Street	City	State/Zip Code

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8. Have you ever been licensed as an agent, broker, or adjuster in this state? Yes ( ) No ( )  
if yes, date last licensed. \_\_\_\_\_

9. Have you ever been licensed as an agent, broker or adjuster in any state other than Arkansas? Yes ( ) No ( )  
If you answered yes, list state and date last licensed. \_\_\_\_\_. A letter of Certification/Clearance must be attached. (NO MORE THAN 60 DAYS OLD)

10. Has your application for license ever been declined by this or any other Insurance Department? Yes ( ) No ( )  
Has your license ever been revoked? Yes ( ) No ( ) If yes, give details and copy of revocation.

11. Have you ever been arrested, indicted or convicted of a felony or misdemeanor? Yes ( ) No ( ) If answered yes, attach
- a) written statement explaining the circumstances
  - b) a copy of the charging document and
  - c) a copy of the official document which demonstrates the resolution of the charges of any final judgment.

12. Have you ever been short in your accounts? Yes ( ) No ( ) If you answered yes, give full details of the indebtedness and arrangements for repayment and/or type and location of bankruptcy. Yes ( ) No ( )

13. Have you ever been bonded? Yes ( ) No ( ) Has your application for a bond ever been declined? Yes ( )  
No ( ) If answered yes, for what reason: \_\_\_\_\_

\_\_\_\_\_  
I hereby certify that I have read and carefully considered the above questions before replying thereto and that all of my answers and statement are true to the best of my knowledge and belief. I further agree that I will abide by the provisions of the Insurance Laws of the State of Arkansas and by the Rulings and additions and amendments thereto, of the Department of Insurance of the State of Arkansas. I further understand that any violation of such Laws or Rulings is punishable by a fine not exceeding \$1,000 and/or revocation of my license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

**TO BE COMPLETED BY COMPANY REPRESENTATIVE (ADJUSTING FIRM)**

I hereby certify that I have investigated the character and record of the Applicant as to trustworthiness and general qualifications; have examined the answers in this Application, and that I endorse said Applicant for an Adjuster. I further certify that he will adjust only those lines of insurance for which he is licensed, to wit:

Property \_\_\_\_\_ Casualty \_\_\_\_\_ Workers Compensation \_\_\_\_\_

My investigation has consisted of \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Representative / Date

\_\_\_\_\_  
Title of Representative or Sr. Adjuster

\_\_\_\_\_  
Name of Company or Adjuster Organization / Date